

ART 34 Amended Clms

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/581419

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	2					
2		1					52	2					
3		1					53	2					
4		1					54	2					
5		1					55	2					
6		2					56	2					
7		1					57	2					
8		1					58	2					
9		1					59	2					
10		1					60	2					
11		3					61	1					
12		3					62	1					
13		3					63	1	1				
14		3					64	1					
15		2					65	1					
16		2					66	1					
17		4					67	1					
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		1					75						
26		1					76						
27		1					77						
28		3					78						
29		3					79						
30		2					80						
31	1	2					81						
32	1	1					82						
33	1	1					83						
34	1	1					84						
35	1	1					85						
36	2						86						
37	2						87						
38	1						88						
39	1						89						
40	1						90						
41	3						91						
42	3						92						
43	3						93						
44	3						94						
45	2						95						
46	2	4					96						
47	2	4					97						
48	2	4					98						
49	2	2					99						
50							100						
TOTAL IND.							TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	109					
TOTAL CLAIMS							TOTAL CLAIMS	117					

BEST AVAILABLE COPY